

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

Permanent or Stationary Holding Tank Application Packet

You must have the following items:

- 1) Complete the attached **Application Page**. All applicable information must be completed. An application can not be processed without a temporary property street address and property ID.
- 2) A **Site Plan** must be provided. The site plan **must** show the layout of the property including building structures, streets, and the proposed location of the holding tank. **Please note:** All wells, potable water lines, and surface water bodies within 100 feet of the proposed holding tank **MUST** be marked on the site plan.
- 3) A copy of the **Service Agreement** with a licensed portable toilet operator. Included in the service agreement should be the **size** of the tank and the **service frequency**. Service must be performed at least once per week. Service agreements must be signed by both parties.
- 4) Complete the attached **Site Plan Information** sheet.
- 5) A fee of **\$235.00**. Please make checks payable to Pinellas County Health Department or PCHD.
- 6) Call for an inspection when the holding tank is put into use.

NOTE: Failure to call for the required inspection may result in citation or fine.

If you should have any questions please call (727) 538-7277, ext. 7960.

Florida Department of Health

Pinellas County
8751 Ulmerton Rd. Suite 2000 • Largo, FL 33771
PHONE: 727/507-4336 • FAX 727/538-7293
www.pinellashealth.com

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION NO. _____
DATE PAID: _____
FEE PAID: 235.00
RECEIPT #: _____

APPLICATION FOR:

[] New System [] Existing System [X] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] NEW WELL [] EX WELL [] PUBLIC WATER

IF PUBLIC [] <= 2000GPD [] > 2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit Design	(b) Type of Establishment	(c) No. of Bedrooms	(d) Building Area Sqft	(e) Commercial/Institutional System Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

(f) [] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: _____

FDOH/ PINELLAS COUTNY

LETTER OF AUTHORIZATION

I _____ authorize _____ to act as my agent for the
permitting of Onsite Sewage Treatment and Disposal System with the Pinellas County Health Department.

Signature of Applicant

Date

FDOH Pinellas County
Onsite Sewage Disposal System Application For Construction Permit
Site Plan Information

1. Is there any slope to your lot? No. _____ Yes _____
2. Are there any **existing** or **proposed** public wells on or within 200 feet of your lot?
(A public well is any well which is used for anything other than a single family home.)
No _____ Yes _____
3. Is there a **proposed well** or an **existing well** on or within 75 feet of your lot? No _____
Yes _____
4. Are there any **lakes, streams, wetlands, canals, designed wet retention areas, or standing bodies of water** on or within 75 feet of your lot?
No. _____ Yes _____
5. Are there any **easements** (Roads, pipe lines, underground utilities) on your property?
No. _____ Yes _____
6. Are there any **drainage features** (i.e. ditches, swales, drainage retention areas, etc.) on or within 15 feet of your lot?
No. _____ Yes _____
7. Are there **any existing or proposed septic systems** on or within 75 feet of your property? (i.e. your neighbor's septic system, are vacant lots already permitted?) **Note: If a well is installed within 75 feet of an adjacent parcel septic, the well may have to be abandoned and another well drilled at the owner's expense.**
No _____ Yes _____

*If you answered **YES** to any of the above questions, **please draw and locate on your site plan.**

8. Is the lot accessible (i.e. locked gate, dogs, etc.), cleared, and flagged?
No _____ Yes _____

Note: It is the responsibility of the applicant/agent to ensure the submission of accurate information and site plans to the department. If the site plan submitted or actual field observations do not agree with the information provided, permit can be voided and you may be required to resubmit application.

Site Plan Submitted By: Printed Name: _____

Signature: _____

Title: _____ Date: _____